

RETURN ADDRESS

Lynnwood Escrow Corp.

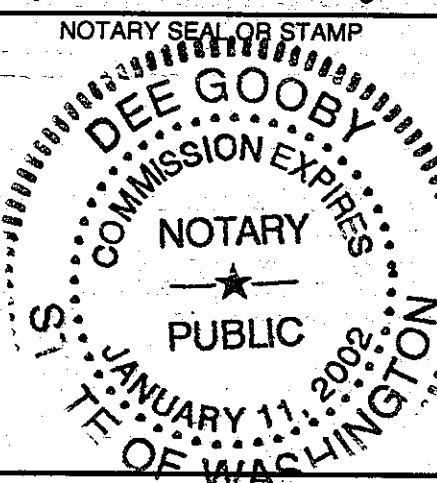
P.O. Box 5857

Lynnwood, WA. 98046

ESC. 201155

200104120057
Skagit County Auditor
4/12/2001 Page 1 of 2 1:54:27PM

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input checked="" type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)		FIRST AMERICAN TITLE CO.			
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2001	Skyline	56 X 28	2191-0555-N 61985	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER	
				3877-000-135-0002(R64205)	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
135		CEDAR GROVE ON THE SKAGIT			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER					
David S. Soule					
NAME OF ADDITIONAL REGISTERED OWNER					
Alecia D. Soule					
ADDRESS		CITY	STATE	ZIP CODE	
46018 Baker Dr.		Concrete	WA.	98237	
NAME OF LEGAL OWNER					
Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
P.O. Box 5010		Lynnwood	WA.	98046	
GRANTEE					
NAME					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE ?					
Signature of Additional Registered Owner and Title, IF APPLICABLE :					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested	
		County of <u>Skagit</u>		before me on <u>3-21-01</u>	
		by <u>David S. Soule</u>		Signature	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by <u>Alecia D. Soule</u>		PRINTED NAME OF NOTARY	
		PRINT NAME OF REGISTERED OWNER		<u>DEE GOOD</u>	
		Title <u>NOTARY</u>		County/Office No. OR	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. <u>1-11-01</u>	
				Notary Expiration Date	
4 TITLE COMPANY CERTIFICATION					
I certify that the legal description of the land and ownership is true and correct per the real property records.					
NAME (TYPED OR PRINTED)		TITLE COMPANY / PHONE NUMBER			
SIGNATURE / POSITION		DATE			
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.					
5 BUILDING PERMIT OFFICE CERTIFICATION					
I certify that: <input type="checkbox"/> the manufactured home has been affixed to the real property as described. <input checked="" type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
TANNER BOSMAN SKAGIT COUNTY PERMIT CENTER		336-9410		BPOD-1706	
SIGNATURE / POSITION		DATE			
		04/11/01			

6 SIGNATURE OF LEGAL OWNER						
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.						
Signature of Legal Owner and Title, IF APPLICABLE <u>Carol M Warren Sr. VP</u>						
Signature of Additional Legal Owner and Title, IF APPLICABLE _____						
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
State of Washington		County of <u>Snohomish</u>		Signed or attested before me on <u>4-20-01</u>		
by <u>Golf Savings Bank</u>		PRINT NAME OF LEGAL OWNER		Signature <u>[Signature]</u> NOTARY OR AGENT		
by <u>Carol M. Warren, Sr. VP</u>		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <u>Dee Gooby</u>		
Title <u>Notary</u>		DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. <u>OR</u> Dealer No. <u>OR-11-02</u> Notary Expiration Date _____		
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)						
Lot 135, "Cedargrove on the Skagit", according to the plat thereof recorded in Volume 9 of Plats, pages 48 through 51, records of Skagit County, Washington.						
8 DEALER'S REPORT OF SALE						
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.						
DEALER NAME (TYPED OR PRINTED) <u>COACH CORRAL INC</u>			WA DEALER NUMBER <u>4278</u>		DATE OF SALE <u>2-28-01</u>	
PURCHASE PRICE <u>51490-</u>		TAX JURISDICTION/TAX RATE <u>7.8</u>		DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</u>		
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).						
9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)						
I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.						
NAME (TYPED OR PRINTED) <u>PEGGY A. RIEDELL</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-04</u>			
SIGNATURE <u>[Signature]</u>			DATE <u>4/12/01</u>			
10 TITLE FEES						
FILING FEE		APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
						TOTAL FEES & TAX
IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form.						
APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee.						
For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.						

The Department of Licensing has a policy of providing
If you need special accommodations

